

**Declaration and Power of Attorney for Patent Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Method and Apparatus for Retrieving Movie Image

(Attorney Docket No. IS8-010), the specification of which

(check ☒ is attached hereto.  
one)

☐ was filed, with my authority, on \_\_\_\_\_  
as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

And I hereby appoint DAVID P. ROBERTS, Reg. No. 23,032; RANDY A. GREGORY, Reg. No. 30,386; JAMES L. PRICE, Reg. No. 27,376; MARK S. MATKIN, Reg. No. 32,268; DEEPAK MALHOTRA, Reg. No. 33,560; MARK W. HENDRICKSEN, Reg. No. 32,356; DAVID G. LATWESEN, Reg. No. 38,533; GEORGE G. GRIGEL, Reg. No. 31,166; KEITH D. GRZELAK, Reg. No. 37,144; JAMES D. SHAURETTE, Reg. No. 39,833; FREDERICK M. FLIEGEL, Reg. No. 36,138; DONALD B. KENADY, Reg. No. 40,045; JAMES E. LAKE, Reg. No. 44,854; and BERNARD BERMAN, Reg. No. 37,279; all of Wells, St. John, Roberts, Gregory & Matkin, P.S.; 601 West First Avenue, Suite 1300, Spokane, Washington 99201-3828, Telephone (509) 624-4276, and each or any of them, my attorneys or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

ADDRESS ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION TO:

George G. Grigel  
WELLS, ST. JOHN, ROBERTS,  
GREGORY & MATKIN, P.S.  
601 West First Avenue, Suite 1300  
Spokane, WA 99201-3828

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

			<u>Priority Claimed</u>	
<u>309364/2000</u> (Number)	<u>Japan</u> (Country)	<u>October 10, 2000</u> (Filing Date)	<u>Yes</u>	No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Filing Date)	Yes	No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

/	
(Provisional Application No.)	(Filing Date)
/	
(Provisional Application No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, or abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, or abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned to this Declaration and Power of Attorney hereby authorizes the U.S. attorneys named herein to accept and follow instructions from Wells, St. John, Roberts, Gregory & Matkin, P.S., 601 W. First Avenue, Suite 1300, Spokane, Washington 99201.

[Firm Name and Address]

as to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.

Full name of sole or first joint inventor Mei KODAMA

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Citizenship Japanese

Post Office Address \_\_\_\_\_

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Full name of second joint inventor, if any Tomoji IKEDA

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Citizenship Japanese

Post Office Address \_\_\_\_\_

\*\*\*\*\*

Full name of third joint inventor, if any \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

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